

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						10/030966	APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	2	/	2	/	/	53					
4	/	/	/	/	/	/	54					
5	/	/	/	/	/	/	55					
6	/	/	/	/	/	/	56					
7	0	/	/	/	/	/	57					
8	0	/	/	/	/	/	58					
9	0	/	/	/	/	/	59					
10	0	/	/	/	/	/	60					
11	0	/	/	/	/	/	61					
12	0	/	/	/	/	/	62					
13	0	/	/	/	/	/	63					
14	0	/	/	/	/	/	64					
15	0	/	/	/	/	/	65					
16	0	/	/	/	/	/	66					
17	0	/	/	/	/	/	67					
18	0	/	/	/	/	/	68					
19	0	/	/	/	/	/	69					
20	0	/	/	/	/	/	70					
21	0	/	/	/	/	/	71					
22	0	/	/	/	/	/	72					
23	0	/	/	/	/	/	73					
24	0	/	/	/	/	/	74					
25	0	/	/	/	/	/	75					
26	0	/	/	/	/	/	76					
27	0	/	/	/	/	/	77					
28	0	/	/	/	/	/	78					
29	0	/	/	/	/	/	79					
30	0	/	2	/	/	/	80					
31	0	/	1	/	/	/	81					
32	0	/	1	/	/	/	82					
33	0	/	1	/	/	/	83					
34	0	/	1	/	/	/	84					
35	0	/	1	/	/	/	85					
36	0	/	1	/	/	/	86					
37	/	/	/	/	/	/	87					
38	/	/	/	/	/	/	88					
39	/	/	/	/	/	/	89					
40	/	/	/	/	/	/	90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			7				TOTAL IND.					
TOTAL DEP.			38				TOTAL DEP.					
TOTAL CLAIMS			15				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS